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Short Form
Return of Organization Exempt From Income Tax

2008

Open to Public
Inspection

06/30/2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2008 calendar year, or tax year beginning

07/01/2008, and ending

B Check if applicable

Address change
Name change
Initial return
Termination
Amended return
Application pending

See Specific Instructions.

Please use IRS label or print or type.

C Name of organization

MONCRIEF CEMETERY CARE FD U/A 1055001342

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

C/O REGIONS BANK, P.O. BOX 11647

City or town, state or country, and ZIP + 4

BIRMINGHAM, AL 35202-1647

D Employer identification number

63-6074900

E Telephone number

(205) 264-5897

F Group Exemption Number

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ►

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ► N/A

J Organization type (check only one) - 501(c) (13) (insert no.) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 361,993.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1
2	Program service revenue including government fees and contracts	2
3	Membership dues and assessments	3
4	Investment income	STMT. 1
5 a	Gross amount from sale of assets other than inventory	5a 331,676 .
b	Less cost or other basis and sales expenses	5b 494,854 .
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c -163,178 .
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here . . . ► <input type="checkbox"/>	
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
b	Less, direct expenses other than fundraising expenses	6b
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
7 a	Gross sales of inventory, less returns and allowances	7a
b	Less cost of goods sold	7b
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8	Other revenue (describe ►)	8
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 -132,861 .
10	Grants and similar amounts paid (attach schedule)	STMT. 2
11	Benefits paid to or for members	10 15,650 .
12	Salaries, other compensation, and employee benefits	11 7,123 .
13	Professional fees and other payments to independent contractors	12 600 .
14	Occupancy, rent, utilities, and maintenance	13 14 .
15	Printing, publications, postage, and shipping	15 123 .
16	Other expenses (describe ►)	16 23,496 .
17	Total expenses. Add lines 10 through 16	17 -156,357 .
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 840,534 .
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 -2,629 .
20	Other changes in net assets or fund balances (attach explanation)	20 681,548 .
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21 681,548 .

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	STMT. 5 840,534 .	22 681,548 .
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	840,534 .	25 681,548 .
26 Total liabilities (describe ►)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	840,534 .	27 681,548 .

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	35a	X
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35b	
b If "Yes," has it filed a tax return on Form 990-T for this year?	36	X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____, section 4912 ► _____; section 4955 ► _____	40b	
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40c	
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40d	
d Enter amount of tax on line 40c reimbursed by the organization	40e	X
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		
41 List the states with which a copy of this return is filed. ► _____		
42a The books are in care of ► REGIONS BANK Telephone no. ► (205) 264-5897 Located at ► P. O. BOX 11647, BIRMINGHAM, AL ZIP + 4 ► 35202	42b	X
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42c	X
If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Yes No
46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Yes No
47

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No
48

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No
49a

b If "Yes," was the related organization(s) a section 527 organization? Yes No
49b

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

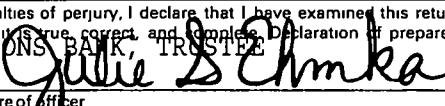
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$100,000 ►	NONE			

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

Total number of other independent contractors receiving over \$100,000 . . . ►	NONE	

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	 REGIONS BANK, TRUSTEE ► Signature of officer ► TRUST OFFICER ► Type or print name and title.		
Paid Preparer's Use Only	Preparer's signature 	Date 	Check if self-employed <input type="checkbox"/> Preparer's Identifying Number (See instructions) 
	Firm's name (or yours if self-employed), address, and ZIP + 4 	EIN 	Phone no. 

May the IRS discuss this return with the preparer shown above? See instructions  

Form 990-EZ (2008)

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION

DIVIDEND INCOME	30,049.
INTEREST INCOME	268.
 TOTAL	 30,317.

MONCRIEF CEMETERY CARE FD U/A 1055001342 63-6074900
FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID OVER \$5,000
=====

RECIPIENT NAME:

MONCRIEF CEMETERY CARE FUND
ADDRESS:

P.O. BOX 425
GARDENDALE, AL 35071-0425

RELATIONSHIP:

NONE

AMOUNT OF GRANT PAID 15,650.

TOTAL GRANTS PAID OVER \$5,000: 15,650.

STATEMENT 2

FORM 990EZ, PART I - OTHER EXPENSES

FOREIGN TAXES ON QUALIFIED FOREIGN DIVIDENDS	42.
FOREIGN TAXES ON NONQUALIFIED FOREIGN DIVIDENDS	81.
TOTAL	123.

STATEMENT 3

FORM 990EZ, PART I - OTHER DECREASES IN FUND BALANCES

MUTUAL FUND POSTING	2,629.
TOTAL	2,629.

STATEMENT 4

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
SAVINGS	27,719.	24,525.
INVESTMENTS - SECURITIES	812,815.	657,023.
TOTALS	840,534.	681,548.

STATEMENT 5

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
=====DESCRIPTION

PERPETUAL CARE/MAINTENANCE OF MONCRIEF CEMETERY

EXPENSES

15,650.

TOTAL

15,650.
=====

MONCRIEF CEMETERY CARE FD U/A 1055001342

63-6074900

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

OFFICER NAME:

REGIONS BANK

ADDRESS:

P O BOX 11647

BIRMINGHAM, AL 35202

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

7,123.

COMPENSATION

COMPENSATION EXPLANATION:

TRUSTEE FEES

=====

OFFICER NAME:

STEVE HANCOCK

ADDRESS:

241 WEST SHUGERT RD

GARDENDALE, AL 35071-2422

TITLE:

PRESIDENT OF BOARD OF TRUSTEES

=====

OFFICER NAME:

BARTEE WORTHINGTON

ADDRESS:

P.O. BOX 425

GARDENDALE, AL 35071-0425

TITLE:

TREASURER

=====

TOTAL COMPENSATION:

7,123.

=====

STATEMENT 7

Part III Summary of Parts I and II		(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
Caution: Read the instructions before completing this part.				
13. Net short-term gain or (loss)	13			-22,061.
14 Net long-term gain or (loss):				
a Total for year	14a			-141,117.
b Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b			
c 28% rate gain	14c			
15 Total net gain or (loss). Combine lines 13 and 14a ►	15			-163,178.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:	16	(3,000)
a The loss on line 15, column (3) or b \$3,000			

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet on page 7 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the worksheet on page 8 of the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17			
18 Enter the smaller of line 14a or 15 in column (2) but not less than zero	18			
19 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19			
20 Add lines 18 and 19	20			
21 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . ►	21			
22 Subtract line 21 from line 20. If zero or less, enter -0-	22			
23 Subtract line 22 from line 17. If zero or less, enter -0-	23			
24 Enter the smaller of the amount on line 17 or \$2,200	24			
25 Is the amount on line 23 equal to or more than the amount on line 24?				
<input type="checkbox"/> Yes. Skip lines 25 and 26; go to line 27 and check the "No" box.	25			
<input type="checkbox"/> No. Enter the amount from line 23	26			
26 Subtract line 25 from line 24	26			
27 Are the amounts on lines 22 and 26 the same?				
<input type="checkbox"/> Yes. Skip lines 27 thru 30, go to line 31	27			
<input type="checkbox"/> No. Enter the smaller of line 17 or line 22	28			
28 Enter the amount from line 26 (If line 26 is blank, enter -0-)	28			
29 Subtract line 28 from line 27	29			
30 Multiply line 29 by 15% (.15)	30			
31 Figure the tax on the amount on line 23. Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions)	31			
32 Add lines 30 and 31	32			
33 Figure the tax on the amount on line 17. Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions)	33			
34 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T)	34			

Schedule D (Form 1041) 2008

- See instructions for Schedule D (Form 1041).
- Attach to Schedule D to list additional transactions for lines 1a and 6a.

Name of estate or trust

Employer identification number
63-6074900

MONCRIEF CEMETERY CARE FD U/A 1055001342

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b -22,061.00

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D-1 (Form 1041) 2008

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side

MONCRIEF CEMETERY CARE FD U/A 1055001342

Employer identification number

63-6074900

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 sh 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a 766.663 AMERICAN CENTURY LARGE CO VALUE-IS	08/14/2007	12/29/2008	3,159.00	5,712.00	-2,553.00
6172.702 AMERICAN CENTURY LARGE CO VALUE-IS	08/14/2007	01/23/2009	23,827.00	45,987.00	-22,160.00
1563.837 AMERICAN CENTURY LARGE CO VALUE-IS	08/14/2007	04/20/2009	5,958.00	11,651.00	-5,693.00
981.755 FIDELITY ADVISOR DIVERSIFIED INTL FUND #	12/27/2007	12/29/2008	11,752.00	23,084.00	-11,332.00
767.449 PIONEER BOND FUND CLASS Y FD #0703	12/01/1989	09/26/2008	6,731.00	6,815.00	-84.00
41.97 PIONEER SMALL CAP VALUE FUND CLASS Y FD	12/20/2006	08/12/2008	951.00	1,366.00	-415.00
611.92 PIONEER SMALL CAP VALUE FUND CLASS Y FD	11/27/2007	01/23/2009	8,444.00	19,553.00	-11,109.00
143.457 PIONEER SMALL CAP VALUE FUND CLASS Y FD	02/13/2008	04/20/2009	2,031.00	3,687.00	-1,656.00
472.913 PIONEER LARGE CAP GROWTH FUND CLASS Y FD	03/22/2004	08/12/2008	5,736.00	5,898.00	-162.00
280.856 PIONEER LARGE CAP GROWTH FUND CLASS Y FD	11/27/2007	12/29/2008	2,297.00	3,811.00	-1,514.00
3555.927 PIONEER LARGE CAP GROWTH FUND CLASS Y FD	11/27/2007	01/23/2009	28,803.00	41,513.00	-12,710.00
935.535 PIONEER LARGE CAP GROWTH FUND CLASS Y FD	07/30/2002	04/20/2009	8,046.00	10,004.00	-1,958.00
226.295 PIONEER VALUE FUND CLASS Y FD #0702	03/20/2007	12/29/2008	1,924.00	3,812.00	-1,888.00
3121.424 PIONEER VALUE FUND CLASS Y FD #0702	12/27/2007	01/23/2009	25,689.00	48,487.00	-22,798.00
724.132 PIONEER VALUE FUND CLASS Y FD #0702	02/13/2008	04/20/2009	5,916.00	10,297.00	-4,381.00
763.039 RMK MID CAP GROWTH FUND	12/20/2007	01/23/2009	7,432.00	14,133.00	-6,701.00
254.433 RMK MID CAP GROWTH FUND	03/25/2008	04/20/2009	2,677.00	4,004.00	-1,327.00
389.676 RMK GROWTH FD CL I	08/14/2007	12/29/2008	5,031.00	7,419.00	-2,388.00
2226.995 RMK GROWTH FD CL I	08/14/2007	01/23/2009	28,706.00	42,402.00	-13,696.00
582.694 RMK GROWTH FD CL I	08/14/2007	04/20/2009	7,546.00	11,094.00	-3,548.00
84.939 RMK VALUE FD CL I	08/14/2007	12/29/2008	995.00	1,554.00	-559.00
1106.391 RMK VALUE FD CL I	08/14/2007	01/23/2009	12,281.00	20,247.00	-7,966.00
268.792 RMK VALUE FD CL I	03/25/2008	04/20/2009	2,938.00	4,966.00	-2,028.00
129.518 RMK MID CAP VALUE FUND	11/14/2007	12/29/2008	835.00	1,456.00	-621.00
1053.963 RMK MID CAP VALUE FUND	12/20/2007	01/23/2009	6,587.00	11,773.00	-5,186.00

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b

Schedule D-1 (Form 1041) 2008

Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side
MONCRIEF CEMETERY CARE FD U/A 1055001342

Employer identification number
63-6074900

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b -145,316.00

Schedule D-1 (Form 1041) 2008

FEDERAL CAPITAL GAIN DIVIDENDS

=====

LONG-TERM CAPITAL GAIN DIVIDENDS

15% RATE CAPITAL GAIN DIVIDENDS

LONG-TERM 15% CAPITAL GAIN DIVIDENDS	4,199.00
TOTAL 15% RATE CAPITAL GAIN DIVIDENDS	4,199.00
TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS	4,199.00

=====

STATEMENT 1

1255000321 MONCRIEF CEMETERY CAR FUND U/A 63-6074900

ATTACHEMENT TO FORM 990-EZ FOR THE TAX YEAR ENDED 06/30/2009
PART II, Balance Sheet

CUSIP/ Description	Units	Price	Tax Cost	Book Value					
CASH									
025076779 AMERICAN CENTURY LARGE CO VALUE-IS	<u>3,095.562000</u>	4.210	20,350.23	20,350.23					
29875E100 AMERICAN EUROPACIFIC GRTH- F2	<u>242.263000</u>	31.550	6,637.12	6,637.12					
552983470 MFS RESH INTL FD CL I	<u>656.086000</u>	11.850	11,011.36	11,011.36					
693390882 PIMCO FOREIGN BOND U.S. DOLLAR HEGED #103	<u>5,635.951000</u>	9.560	54,090.92	54,090.92					
723622403 PIONEER BOND FUND CLASS Y FD #0703	<u>55,608.790000</u>	8.550	477,623.60	477,623.60					
72375Q405 PIONEER MID CAP VALUE FUND CLASS Y FD #0710	<u>299.078000</u>	15.780	6,242.12	6,242.12					
72387Q500 PIONEER SMALL CAP VALUE FUND CLASS Y FD #0721	<u>293.336000</u>	16.390	6,447.36	6,447.36					
72387T108 PIONEER SMALL CAP GROWTH FUND	<u>255.355000</u>	19.260	5,962.77	5,962.77					

CLASS A FD #0044

72387T793	<u>398.670000</u>	12.030	6,177.24	6,177.24		
PIONEER SELECT						
MID CAP GROWTH Y						
72387T801	<u>1,490.742000</u>	9.530	15,640.26	15,640.26		
PIONEER LARGE CAP						
GROWTH FUND						
CLASS Y FD #0748						
72387T868	<u>989.048000</u>	14.680	18,671.88	18,671.88		
PIONEER GROWTH						
FUND Y						
72387X406	<u>460.592000</u>	14.210	9,647.47	9,647.47		
PIONEER CULLEN						
VALUE FUND CLASS						
Y FD #0765						
724010509	<u>1,460.666000</u>	8.880	18,520.78	18,520.78		
PIONEER VALUE						
FUND CLASS Y FD						
#0702						
999990146	<u>24,525.180000</u>	1.000	24,525.18	24,525.18		
REGIONS TRUST						
MONEY MARKET						
DEPOSIT ACCOUNT						
Total Portfolio			681,548.29	681,548.29		